

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 12 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36099**

1. Corporation Name

GAINESVILLE HERPETOLOGICAL SOCIETY, INC.

2. Principal Office Address

1606 NW 31ST PLACE

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

Zip

32605-2571

Country

US

3. Mailing Office Address

P.O. BOX 140353

Suite, Apt. #, etc.

RT. 1, BOX 321A

City & State

GAINESVILLE FL

Zip

32614-0353

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/12/90

5. FEI Number

59-3055002

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

WILLIAM D. COPE

Street Address (P.O. Box Number is Not Acceptable)

2725 SW 27TH AVE

Suite, Apt. #, Etc.

APT. A-1

City

GAINESVILLE

State

FL

Zip Code

32608

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

William D. Cope

REGISTERED AGENT MUST SIGN

Date

10/11/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	HAYES, ALCYN	1606 NW 31 ST PLACE	GAINESVILLE FL 32605
VD	GAINES, MEADOW	7312 SW 45 TH PLACE APT. C	GAINESVILLE FL 32608
SD	BRANTON, SHANNON	3301 SW 13 TH ST. APT. Y333	GAINESVILLE FL 32608
TD	COPE, WILLIAM	2725 SW 27 TH AVE. APT. A-1	GAINESVILLE FL 32608

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Alcyin Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/00
Date

Daytime Phone #

(352)

335-7065

CR2E081 (9/99)